

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000008157		
1. Entity Name GIONICO, INC.		
Principal Place of Business 1153 HILLSBORO MILE #2 HILLSBORO BEACH, FL 33062		Mailing Address 1153 HILLSBORO MILE #2 HILLSBORO BEACH, FL 33062
DO NOT WRITE IN THIS SPACE		
		01222007 No Chg-P CR2E034 (11/05)
4. FEI Number 90-0133326		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DITEMPORA, NICHOLAS 1153 HILLSBORO MILE #2 HILLSBORO BEACH, FL 33062		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	DITEMPORA, NICHOLAS	
STREET ADDRESS	1153 HILLSBORO MILE, #2	
CITY - ST - ZIP	HILLSBORO BEACH, FL 33062	
TITLE	D	
NAME	DITEMPORA, YOLANDA	
STREET ADDRESS	1153 HILLSBORO MILE, #2	
CITY - ST - ZIP	HILLSBORO BEACH, FL 33062	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/9/07 954 246 8600 954 246 8611 Daytime Phone #